PAM.
MED. MISS.

MEDICAL MISSION WORK IN AND NEAR CANTON IN 1914.

Papers read before Canton Missionary Conference May 27, 1914.

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RESEARCH
YORK CITY

MEDICAL MISSION WORK IN AND NEAR CANTON IN 1914.

Part A

It is unnecessary today to defend medical missions. Their place on the Church's programme for the evangelisation of the world has been well discussed and the conclusion is well nigh unanimous.

What Medical Missions Aim to Accomplish.

Medical Missions are not only useful in opening the way for and extending the influence of the Gospel, but are an integral, permanent part of the general missionary policy of the Church. Their sphere of usefulness is a wide one. They overcome prejudice and opposition; they manifest the natural fruits of Christianity; they provide the benefits of western medicine to rich and poor alike; they train Christian doctors and nurses; and they stand ready to help sick missionaries; but above all they are direct evangelistic agencies.

The evangelistic duty of the missionary physician has been emphasized in recent conferences. "Medical missionaries are sent forth as messengers of the Church and as ambassadors of Christ." "The primary aim of the medical missionary is to make known God's saving grace to men." So we are reminded and the facts are of paramount importance. Whatever subject relating to medical missions we choose to discuss these facts must be borne in mind. They affect the home training and selection of missionaries; they affect the study of the language and mission methods on the field; they affect our mission policies and schemes for medical education. The aim of the medical missionary is the same as that of his evangelistic or educational colleague—the evangelisation of the world.

The physician has remarkable opportunity as a missionary. He comes into the closest contact with the people and is trusted by them for his advice. He easily wins gratitude and makes friendships. He is daily training assistants who eye him closely, striving to learn his secrets and methods. He has in the nature of his work opportunity to prove the sustaining power of prayer and the necessity of divine blessing if his work is to avail in its purpose. It is a tragedy if the medical missionary fails to turn all this to account for the furtherance of the Gospel, winning souls and inculcating Christ-likeness of character in those with whom he thus gains influence.

Our subject is "Medical Mission Work in and near Canton in 1914." In Canton, mission work has been fraught with much difficulty. Extreme conservatism and anti-foreign prejudice have existed since the foreigners' earliest dealings with Kwangtung. We all know of the commercial and administrative difficulties of the days of the thirteen hongs. The attitude of the Canton officials and populace to Lord Napier on his arrival in Canton in 1834 gives indication of the prejudice and misunderstanding of those days. That this misunderstanding became malice and hatred was in measure the fault of the foreigner. A century of patient, sympathetic service from missionaries and others has not yet cleared aside this barrier to progress. It has gone far however on the way towards it, and we think that the history of medical missions in Canton is evidence of their power to turn aside this prejudice.

In 1820 Robert Morrison moved by the amount of unaided sickness in Canton, obtained the help of Dr. Livingston of the East India Company and opened a dispensary at which in a few months "thousands of cases were treated with gratifying results."

In 1838 Dr. Peter Parker started work at the Canton Hospital, under the auspices of the newly formed Canton Medical Missionary Society. Since then a vast amount of self-sacrificing work has been done. We often hear our

Chinese pastors citing the charitable and educational institutions of Canton as evidence of the practical love of Christianity. What better evidence could be found than that of such institutions as the Canton Hospital, the J. G. Kerr Hospital for Insane, Fong Ts'uen Schools for the Blind, or the David Gregg Hospital and associated educational work at Poon Tong. And they are living, growing evidences impelling the Chinese to a sense of their own obligation to their own people.

Of all the names of the early medical missionaries that of Dr. Kerr rings out clearest. It is in him that we later medical missionaries find both example and inspiration. Amidst the present cry for efficiency in medical work and medical education, let us never forget the efficiency of such men. They were efficient in that they lived Christ; they established institutions which demonstrated unmistakably the fruits of the gospel; they left much valuable literature; they won the hearts of the people and trained Christian doctors. Their aim in all this was to seek first the Kingdom of God and His righteousness. They attained their purpose and the results remain.

So much for the past. What do we aim to accomplish now?

Our aims are the same; our command is the same; our Master is the same, but the times are changed.

First, CHINA IS CHANGED. Then a sleeping monarchy, proud and contented. Now a stirring Republic, proud still but no longer contented, coveting knowledge and sending out students to western lands, establishing modern colleges and adding daily to a store of modern literature in her own language.

Second, MISSION METHODS ARE CHANGED. Then a few pioneer heroes accomplishing prodigious single-handed miracles; now there are 422 missionaries (not including wives) in Kwangtung, and we have our co-operation committee advising on questions of mission economy and union; then the purely foreign institution and now the

call to co-operation with the Chinese. "Co-operation with the Chinese in Medical schools and hospitals should be effected wherever possible, having these institutions gradually and increasingly staffed, supported, and controlled by the Chinese."—National Conference Shanghai 1913.

Third, Medical Science is Changed. And the change here is more marked than either the change in China or the change in Mission methods.

The Canton Hospital was running nine years before chloroform was discovered and it was twenty years later still that Lord Lister used his antiseptic spray. Pasteur led medical science in sero-therapy by his discovery of a cure for rabies and thus foreshadowed the present possibility of cures in plague, diphtheria, tetanus, and a host of other diseases. He did most of his work in the Pasteur Institute in Paris between 1886 and 1895. In all lines of medical work there has been astonishing advance, and perhaps most of all in tropical medicine. In 1889 Laveran discovered the parasite of malaria and it was as late as 1894 that Manson announced the intermediate host of that parasite to be the mosquito. Knowledge means power. Many diseases formerly incurable now become curable. Knowledge means also responsibility. It is possible by inoculation to prevent plague, by vaccination to prevent smallpox; the medical missionary's responsibility is increased in direct consequence. He is honour-bound to treat along these lines. At home medical science is now specialised; it will soon largely be so on the mission field. In the Canton hospital we have already the specialised dispensary and the fact was mentioned to me in conversation the other day by a merchant in Upper Poon Yue. A Chinese official at Shiu Hing, West River, sent recently for a doctor in Canton, requesting the administration of one of Europe's latest drugs. He had heard of its value and expected the doctor to be able to provide and advise.

It is clear that we cannot pass through the coming years and retain confidence unless considerable modification is carried out. Everyone is aware of this and both in Can-

ton and throughout China rapid changes are being accomplished, but we are hampered on every hand by the lack of assistants.

The work is heavy and the workers are few. The patients are there to be treated and we must with our limited staffs do the best that circumstances and hurry permit. So some argue, and the result is the busy dispensary at which large numbers of patients are hurriedly examined, their cases provisionally diagnosed, and treated accordingly. Others emphasize the unsatisfactoriness of this method and limit the numbers seen. The standard of work is thus at once raised and the results are satisfactory to patient and doctor alike but what of those turned away? Look at it as we may the present work done has much need for readjustment and there seems but one solution to our difficulty.

We Must Educate.

May I quote again from the National Conference of 1913. "It is necessary at the present time to put Christian medical education in the forefront of medical mission work in China in order to do four things.

1. To give Christ His real place as the Master-worker in all healing.

2. To insure continuity and permanence of the work.

3. To develop it concurrently with other parts of Church work.

4. To prevent the medical profession of China from falling chiefly into anti-christian and non-christian hands.

At the recent triennial conference of the China Medical Missionary Association, Dr. Gillison of Hankow read a paper to prove the wisdom of reversing the present policy in medical mission work. At present a rough calculation reveals the fact that, in China, for every one medical missionary in educational work there are nine in hospitals. The importance of training assistants so urged itself on the mind of the writer of that paper, that he con-

fidently proposed to reverse the ratio. There should be, he says, nine medical missionaries in educational work for every one in hospital.

Dr. Christie in a paper at the same conference says "It is well for us to realize that our presence here is not a permanency. Individually our time comes quickly to an end and each of us is anxious to leave something lasting behind. But I mean more than this. Let us remember, he continues, "that the propagation of Christianity by means of foreign missionaries can be but a temporary expedient, that China must be christianized ultimately by her own sons. And that the way to perpetuate our work is to train those who in their turn will carry on what we are beginning."

The great Lord Lister used to lavish careful attention on the wounds of his patients not an iota escaped his notice and the precision with which his bandages were applied is said to have been extraordinary. A colleague once suggested as a fitting epitaph for this great man the words "He dressed wounds." Let our policy as missionaries be such as to merit the epitaph "He trained others."

Why is it so difficult to get assistants? Many of the choice graduates go straight into lucrative practice. Missions are often not prepared to give the salaries asked. It is suggested that we should adapt our standard so that we can quickly and partially train doctors who though not suitable for government or civil appointments will do for our mission hospitals. This last suggestion, insinuating a second rate standard of mission work we leave, as unworthy of discussion. As for the others—If the best graduates do not turn to our mission stations it is surely because they lack the missionary spirit. Where the college faculty and staff are Christian, or largely so, and where they exert their influence upon the students of the college, this is not likely to be the case.

In planning for a Union Medical College in Canton we must arrange for many things, but of prime importance is the insuring for our Christian teachers of the opportunity

of closest contact with the students. They will thus be able by precept and example to influence them and inculcate into them the highest aspirations and obligations of our religion.

That we have here the secret of obtaining helpers for the mission stations is substantiated largely by contemplating the result of Dr. Kerr's medical educational work. So long as there are names like the following in Canton and surrounding country it is impossible to say that medical missions have not produced those who help the Church. I need mention only a few: Drs. Nei and Chi Yiu T'ing, elders in 2nd Presbyterian Church; Dr. So To Ming in 1st Church; Dr. Cheung at Shiu Hing; Dr. Wong formerly at Woo Chau and Dr. Ch'an now at the Baptist mission at that centre; Dr. Yue Hing Chi, elder at San Wooi; and Dr. Liu at the Canton Christian College.

We feel sure that the same might be said of the women graduates. In Dr. Kerr's day many of the women graduates did much by personal testimony and by the employment of Biblewomen in their practices to help the gospel. We all know the influence exerted by many of the doctors and nurses of the Hackett Medical College and the Julia Turner Training School.

The present internes in Kung Yi and Canton Hospital are, we believe, graduates from Kung Yi and were chosen on account of their high place on the graduation lists. We recognize that they are there now largely for the experience being gained, but there is no reason to believe but that at least some will continue afterwards to help mission work.

Salaries

Difficult in evangelistic and educational work, the question of salaries seems still more so in medical. The doctors can in many cases command salaries in practice which are largely in excess of what the missions are able or willing to give. Absence of a standard graduation certificate does not simplify matters, for sometimes a grad-

uate of lower qualification sails under the flag of "Sai Yi" when the British Medical Association would not recognize him. A patient at Ko Tong left hospital after a few weeks of treatment and set up a dispensary of western medicine in a neighbouring village at which he shed abroad the benefits of the healing art he had learned whilst "following the western doctors." The advice of the National Conference is that "to retain the best Chinese physicians for missionary work, larger salaries must be provided than have been given." In arranging the amount we must consider the qualifications of the physician. Be he partially trained the salary must naturally be smaller; and be he a Chinese graduate of, say, Pennsylvania or Edinburgh he is surely entitled to the same salary as a foreigner from the same college. We agree with those who say "that even with this readjustment it will still be necessary for the Chinese physician to do what the foreign student volunteer does, viz., to consecrate himself to the service of Christ in missions, not looking for monetary reward but doing so for the sake of His Master. The declaration of purpose of the Student Volunteer Movement in China is slightly altered from that in the home lands. "The Evangelisation of my mother Country and the World in this generation."

PLAN FOR CO-ORDINATION OF CENTRAL AND BRANCH HOSPITALS.

We assume this refers to city and country. Things in Canton are at present in such an uncertain state that it is unwise to be dogmatic. The most complete system of co-ordination known to me is that at Travancore, India. Here there is a large central work and some ten outlying hospitals.

The central hospital is in the hands of foreigners and the outlying ones are in the hands of the Indian physicians. Contact is maintained by itineration. The time has not arrived for this in Canton. We lack the Chinese physicians and again the call comes for education.

As railways, steamers, telegraph, and general means of communication increase however, and as we obtain more helpers, this plan will become more and more possible. But we must remember the denseness of the country population and that as this goes on they will certainly recognise more and more the superiority of Western over Chinese medicine. At present only the smallest fraction of the sick come to our country hospitals. We sometimes wonder what would happen if they all came. At Tung Wa Hospital, Hong Kong, the choice is given to patients. "Will they have Chinese or Western method?" At first the majority wished Chinese treatment then the numbers were equally balanced. Now the number desiring Western treatment is much in excess of the Chinese. It will be the same in the country and we feel that the country hospitals will have to be prepared to bear our burden. Dr. Maxwell of Formosa estimates that each hospital should be staffed as follows.

1 Physician
1 Surgeon
1 Specialist on Special Senses
1 Pathologist
2 Foreign Nurses
1 Business Man.

These need not of course all be foreigners but they should all be able to undertake their own branches of work and at least two doctors and two nurses should be foreign. We would suggest that the number of doctors should be three so as to allow for furlough and sickness. Should the country hospital be thus staffed it is easy to see how, given means of communication of reasonable facility, a communication with the city could be maintained. Doctors might come down and teach and city students might visit the country hospital for occasional cliniques. And young graduates could find postgraduate experience in the country work.

That this close relationship between central hospitals and country hospitals is advisable all will agree. But

we think it right that the country hospital be staffed and equipped so as to provide for the need of its own district Thus it maintains the confidence of its local people and the local mission draws to itself the help and influence gained from the medical work of its own hospital.

EDWARD KIRK.

Part B

Self-support and Co-operation between Missions and Chinese

Since I have been asked to prepare a paper for this meeting I am glad the above subject was given me. However had I been wording it I would have put the word co-operation before the word self-support for I believe self-support will largely depend upon the real spirit of co-operation existing between the Chinese and the Missions. I also believe the word co-operation is one of the most important words in our English language. The man who will co-operate with other men and who can get other men to co-operate with him is the man who will succeed every time, providing he has a worthy motive. The parents who co-operate with their children are the ones who get the co-operation of their children. The real leader is not the man who by his own strength or will-power forces men to work with him but he is the man who wills to help other men and at the same time gets their willingness to help him—the man who both has, and awakens in others the real spirit of co-operation. Most men are desirous that others should co-operate with them but how few there are who are both willing and able to co-operate with others and get their co-operation.

The existence of the Church is due to the spirit of co-operation and just so far as the members of the Church have the real spirit of co-operation to fulfil God's purpose so far will the Church succeed. The existence of this Missionary Conference is due to a spirit of co-operation and just so far as the different Missions repre-

sented have the real spirit of co-operation just so far will it fulfil its purpose. Our very salvation depends upon our willingness to co-operate with God and have him co-operate with us.

"No man is sufficient unto himself."

The missions are not on the field to give away or sell so much education—to give away or sell so much medical attendance or even give away or sell so much Christian religion.

If we do our medical or educational work on any other basis than one of co-operation we are making merchandise out of it—either selling it for so much or giving it away. We are here to help these people, through Christ, to work out their own salvation. Can we do this best by setting up our own schools and hospitals and then saying to the Chinese, "Come now—we have something good we will either sell or give to you—we will pay you so much if you will come and help us, but we are going to own the business, have the credit for all the good connected with it and reserve the right to expell you at any time; however, it is our ultimate purpose, nobody knows when, to give you the whole thing?" Or, would our efforts not be more appreciated if we would say, "We have come to China because we believe in Christ as the Savior of men and we want to make him known to you. Among other things the fruits of the knowledge of Christ are good schools and good hospitals. We know you believe in good schools and good hospitals but so far you do not have them. This is your country and we want to co-operate with you in building up these institutions which shall be yours, but while we are co-operating with you in doing this good work we are going to reserve the right to teach you more of the fruits of this Christ gospel. The institutions will belong to you and therefore we can not say that you must get out, and, now as we are helping you do this good work, for which you are getting your full credit, and, we are helping you build up these institutions, which are yours, we want a satisfactory guarantee that we will be permitted to labor with

you in this work until we have had time to demonstrate to you and to all South China that the Christ religion will accomplish more than all other religions. This may take twenty-five years or it may take longer. You know now why we are here. Are you willing that we should co-operate on this basis?"

There are some of the best Chinese in Canton ready to co-operate with us on exactly this basis and they have made the offer. Is it right to turn them down?

Some one has said that the question at issue between the different propositions for union medical work was not one of co-operation with the Chinese; that he thought it would not only be misleading but utterly untrue to claim that as the question at issue; that the main and only vital question is, how a thoroughly first class union medical school can be brought about upon the most *secure* and *satisfactory Christian* basis. I fully agree with the latter statement but believe the only way such a school can be brought about is by the missions co-operating with the Chinese. If they will do this, it will be more *secure*, more *satisfactory* and more *Christian*.

There seems to be an impression, on the part of some, that we can not have a high standard if we co-operate with the Chinese. It has been my experience that we can have a higher standard if we co-operate with the Chinese than if we do not because we can get a higher class to work with us.

There is no man or set of men in Canton who have a monopoly on the ambition for a high standard. The very fact that the Chinese have invited so many foreign doctors to take part in their work shows they have an ambition for a high standard, especially when they propose a minimum standard and say the faculty can go as far above that as possible.

In discussing the two headings under my subject—"Degree of self-support possible in Canton for hospital through fees and subscriptions from Chinese"—and "Co-

operation with the Chinese in building hospitals"—I have thought best to refer to the Kung Yee Hospital as it is known this hospital is organized on the co-operation plan. It will be noticed by looking at the financial statement that the fees and subscriptions have been more than enough to bear the running expenses. While there has been a considerable amount of charity work done there would have been more if the number of hospital beds were greater.

The hospital which has accommodation for sixty patients is located in one of the most expensive parts of the City and it is practically all paid for, the indebtedness of the institution being mostly due to the cost of removing so many graves from the new site at the East Gate.

I believe it is possible, on the co-operation plan, to make a hospital entirely self-supporting and at the same time do an unlimited amount of charity work. If a hospital is properly organized and manned the pay work will increase in proportion to the charity work. My idea of a properly organized hospital, from a financial standpoint, is one where each patient pays what he can reasonably afford ior the services received. Many can not reasonably afford to pay anything, and they should be treated free. Many can afford to pay the actual cost of service received, and others, in Canton, can afford to pay in proportion to the benefit received, which should be a great deal more than the actual cost of service. In this way the rich can pay for the poor and at the same time receive the value of their money in benefit to themselves. I feel that it is a misguided charity that dishes out a lot of medicine to patients who would gladly pay for it.

In a hospital connected with medical educational work more foreign doctors are needed and I do not believe the time has come when such work can support a complete staff. Even if it could it is a question whether it would not be better to have the work linked up to the Missions through the support of the doctors they provide.

In answer to the questions—Amount of control the Chinese will demand?—Their preparedness to decide hospital questions?—Mixed Chinese and Foreign Directorates?—Are they feasible?—and, What should determine proportion of Chinese Directors?—I will read the findings of several of the foreign doctors who met with members of the Kung Yee Committee.

STATEMENT OF SEVERAL MEDICAL MEN INTERESTED IN UNION MEDICAL EDUCATIONAL WORK, CANTON.

We, the undersigned Medical Missionaries, who are personally interested in union medical educational work in Canton have today been in conference with representatives of the Kwang Tung Kung Yee Committee. These representatives have agreed to incorporate the following points in their formal agreement with the various missions that shall cooperate in the medical work of the Kung Yee Medical College and Hospital.

I. As to the Board of Trustees.

The Committee consist at present of forty-five men all of whom are keenly interested in the welfare of the institution and willing to subscribe further to its support. Eight of these men are especially active in the Kung Yee work and four of these, the officers of the body, constitute the executive. Those executives are legally responsible for all financial obligations of the Institution.

This body must, on account of their own original constitution and of the specific understanding to that effect in the gift of land by Kwang Tung Government, be composed entirely of Chinese. New members may be added however by invitation of the Committee itself and there is a very evident willingness on the part of the membership to add Christian Chinese to the Committee. All property rights must be vested in the Committee, but they are willing to bind themselves to the effect that none of the property shall be sold nor their own constitution changed without the official approval of the Faculty, a majority of whose members may be missionaries.

II. As to Accounts.

All accounts for both hospital and college are to be kept in Chinese by a representative of the Committee and may also be kept by a missionary member of the faculty. Provision is to be made for a proper audit of all the books annually. In this connection the invitation is extended to the medical missionaries to personally examine all accounts from the beginning to date and to have a full audit made.

III. While the Committee assumes the responsibility for the erection of hospital and college buildings and their equipment, all building plans are to be subject to the approval of the faculty.

IV. A plot of ground on the campus is to be provided for the erection of a Chapel. There will be also be a chapel provided in the hospital.

V. The Faculty is to consist of all missionaries giving full time to the work together with the Chinese physicians who may hold full rank positions on the teaching and hospital force. One representative of the Committee may sit with the faculty and have one full vote.

VI. The Committee expects to provide dormitories on the campus for the accommodation of students.

VII. The faculty together with representatives of the Committee are to formulate the regulations which shall control the organization and conduct of the college and hospital.

VIII. It is clearly understood by the representatives of the Committee that the missions in accepting their invitation should do so with the prime object of spreading the Christian message. There is to be entire freedom of religious belief and there is to be no interference with the teaching of the Christian faith to both students and patients. Further, there should be no compulsion of attendance upon any form of religious service.

IX. The standard of entrance and graduation shall be equal to or higher than the requirements of the Government. All students entering after this time will be required to attend five years of instruction. It is the purpose at an early date to require a Middle School graduation for entrance.

X. The formal agreement is to continue in force for the space of twenty-five years, or longer at the option of the missions.

Within the year the Committee expect, to begin the work of construction on the new site near the East Gate and the plan includes the construction of twenty or more buildings. It is expected that the first section for college and hospital work will be ready for occupancy by September, 1915. A legal form of guaranty for the refund of money spent by the missions for the erection of faculty residences will be given by the Committee.

We note with satisfaction after examining the financial statement recently issued that there have been donations of money to the amount of $39,160.00 and real estate valued at $3,000.00 in addition to the Government grant of land near the East Gate.

Accompanying the invitation to the medical missionaries the following policy was appended.

1. That it should be a cooperative work between the Chinese Committee and the medical missionaries.
2. That the teaching in the college should be done in Chinese.

Signed:

E. C. Machle,
(American Presbyterian Mission)
C. A. Hayes,
(Southern Baptist Mission)
E. W. Rirk,

(New Zealand Presbyterian)
H. W. Newman,
(American Baptist Mission)
B. Randall Vickers,
(English Wesleyan Mission)
J. M. Wright,
(Not present at meeting, but I thoroughly agree with the proposition)
Reformed Presbyterian Mission)

Canton, China, 30th April, 1914.

This gives an idea of how the Kung Yee Committee feel about control and their preparedness to decide hospital problems. In this proposition the organizing Committee or Board of Trustees is composed of non-medical men who do not claim to understand how a medical college and hospital should be directed. The Committee make a distinction between the Board of Trustees and the Board of Directors. The Trustees will hold the deeds to insure donors that their money shall be used for the purpose given. The Directors or Board of Managers will be composed of doctors giving full time and thought to the work of the Institution, together with the Committee's representative. These doctors or Directors will at the beginning be chosen by the Board of Trustees. After they have chosen a number of men they will give them power to organize and direct the policy of the Institution.

Thus far they have not received any foreign money for their plant or equipment and do not see their way clear to invite foreigners to become members of the Committee or Board of Trustees.

Personally, I think, if there was to be a large amount of foreign money invested in a work of this kind there should be no objection to a mixed Board of Trustees. I believe a perfectly safe proportion would be eight Chinese and four Foreigners. Then require a vote of nine out of the twelve

to change the constitution or sell property belonging to the Institution. The policy and management should be left, almost entirely, to the doctors, foreign and Chinese, who are in full standing and are giving full time to the work. These are the men who have been trained specially for this kind of work and it is natural to suppose that they would be able to organize and manage it in every way better than a managing board composed of men who have had no training along this line and who have their time and thoughts fully occupied by their own affairs. If the staff be composed of ten or fifteen men and it is known that when the majority have decided a question that it is settled for good, there would not be the danger of friction and failure, that there would be if the minority could go to a Managing Board, and because of the ignorance of this Board in regard to the actual condition of affairs, be able to control the situation.

Dr. Wu Ling Teh, perhaps the most noted Chinese physician, when crossing the Pacific, strongly urged the Missionary passengers to work in with the Chineee institutions wherever possible. James H. Pettee D.D., one of the members of the Board of Trustees of the Doshisha College of Japan writes, "While I have no direct knowledge of conditions in China, on general principles, I should advise co-operation in all forms of Missionary and philanthropic work. So far from Doshisha proving a failure I consider it an example of marked success proving the large advantage of co-operation. I am one of three foreign voting members of the Board of Trustees of Doshisha (there being sixteen or seventeen voting Japanese members). My experience for several years has been that we never divide on national lines. Of course as all the world knows Doshisha had one severe experience years ago, but the sooner such lessons are learned, and by experience too, the better for all concerned. Nationally speaking, I am a minority member of several other boards or committees and while sometimes matters are decided as I do not fully approve yet on the whole it works the best of any plan I know."

Dr. Christie, of Mukden is, I think, the strongest man on co-operation with the Chinese of any of the Missionaries in China. He writes as follows: "One condition to which little attention has been directed in the past is the likelihood of local Chinese co-operation and support. This is a most important point, not only financially, though that matters much, but because an institution, to do the best and most permanent work must not be aloof from the people it is meant to serve, but must be regarded by them as something of their own. The more we do independently the more difficult will it be to secure cordial co-operation."

A year ago while visiting Dr. Christie's work I was truly convinced that he could not have accomplished what he has had he not had this hearty spirit of co-operation with the Chinese.

While there are some present who have been on the field longer than I, still I want to urge upon this Conference the great importance of having the real spirit of co-operation with the Chinese, and, the just as great importance, of studying how we can best get their co-operation.

I thoroughly agree with Dr. Christie that "an institution, to do the *best* and *most permanent* work must not be aloof from the people it is meant to serve, but must be regarded by them as something of their own.

P. J. Todd.

Part C

Education of Chinese Physicians

Stability and Efficiency are the two watchwords that should guide us at the present time in establishing a Christian Medical School in Canton. During the past thirty or forty years many so-called medical schools have been started in this city, but for lack of these two essentials they have been abandoned only a few years after their doors were opened. When China has awaked to a

realization of the value of Western Medicine for her people she will tolerate only schools of the highest standard comparable with that which now prevails in foreign lands.

The leading Chinese authority on medical education is undoubtedly Dr. Wu Lien Teh, a graduate of the University of Cambridge. In a recent article on Medical education in China, Dr. Wu declares that, "It is clearly essential that the institutions where medical education is given and the hospitals where the sick are cared for and the students learn their clinical work should be in the hands of men who themselves have worked in and are thoroughly acquainted with the management of the best medical schools and hospitals of the West. Unless this is done our present and future institutions will not only fail to reach a high standard but actually degenerate in proportion to the progress made by other countries. This will naturally have a permanent and correspondingly injurious effect on our medical practitioners, into whose hands the lives of millions are entrusted."

To insure the stability of a medical school perhaps the first essential is a directorate, which should be incorporated if possible. Such a directorate would be the permanent thing on which the life of the school would depend. Sites and buildings might change. The personnel of the faculty would necessarily change from time to time, but the directorate is the foundation stone on which the school rests. I doubt if there is a single medical school in Europe or America that does not depend for all final decisions on matters of importance, upon a Board of Directors. This Board must be composed of well tried men, Chinese or foreign, always giving the preference to Chinese if they can be secured. They must be capable and willing to assume the entire responsibility for the school. An efficient medical school cannot be maintained by the fees of the students. This is one of the points strongly emphasized by the Report of the Carnegie Institute on Medical Education in America. If no finances are available beside the fees received from students the institution becomes a mere diploma mill. No applicant

for admission, however poor his qualifications will be refused, because his fees are needed for maintainance. The standard of efficiency will thus be quickly lowered. It is for the Directors to procure the extra funds. One method of doing this would be by securing professors free of charge to the school furnished by the different missions. Each one of the faculty thus furnished represents invested funds and this should be taken into account in choosing the directorate.

The directors should be Christian men or at least men strongly in sympathy with the missionary propaganda. They must be men of high motives and above all self-seeking.

In a recent letter received from Dr. J. B. Neal of the Union Medical College of Shantung Christian University he states the functions of the directors as follows: "I should say that while the Faculty in most things should control the hospital and medical school, there should be no objection to having a Board of Trustees or Field Board of Managers who should control in larger matters of property and appointments to the teaching staff. We have such a Board here which we call the University Council, which we are very glad indeed to have to act as a go-between between us and the home Boards and Societies. We find no difficulty in this arrangement whatever and I think it is practically universal both here in China and at home."

Next to a directorate the chief essentials for stability are permanent property and substantial buildings which serve as an endowment for the school.

Thirdly there should be a vital connection between the medical school and a large charity hospital. According to the opinion of some there should be a single directorate for both. Another and perhaps more feasible method, one that is often practised in America is to have separate Boards of directors, but there should be an overlapping. That is certain members on the school board should serve on that of the hospital. An agreement should be made

whereby the doctors on the faculty of the medical school should have corresponding positions on the hospital staff.

The second factor that should guide us in the founding of a medical school for the Chinese is that it should be efficient. This may be considered under three headings: (1) The faculty. (2) Laboratory and clinical faculties. (3) Standard of admission.

1. In the old days the faculty consisted of a single doctor to whom the young student apprenticed himself for a period of years. A recent catalogue of an American medical college of recognized high standard, in which there are 460 students enrolled gives the total of professors and instructors for this one professional school as 155 fully qualified physicians, many of whom give their entire time to teaching. I venture to state that in the medical schools now in Canton there is not a single doctor who devotes his entire time to teaching. Worse than this many of the instructors teach in two or three different medical schools carry on an extensive private practise, and manage one or more drug stores besides.

In the American Medical school above referred to there are 21 instructors for the single subject of anatomy, namely two professors, three demonstrators, eleven assistant demonstrators, two prosectors, two yoluntary assistants and one instructor of drawing. When Chinese students are concerned we say that the work of these twenty-one men can be accomplished by the part time of one man.

Of course it is ridiculous for us to expect such complete equipment all at once, but it is well for us to keep in mind what constitutes an efficient medical school. In the beginning the full time of a foreign trained doctor with two or three Chinese assistants might be considered adequate for the department of anatomy. Considering the difficulty of securing men of sufficient preliminary training a five year course is desirable and four teachers qualified abroad for each class admitted is the standard to strive for at the start.

2. Clinical and laboratory facilities. One of the main criticisms of the Report of the Carnegie Institute was the lack in many institutions of laboratory facilities. At the present time a practising physician without access to a well equipped laboratory is bound to overlook many serious conditions in his patients and is as liable to permit the occurrence of unnecessary deaths as the captain of an ocean liner without a compass to guide him.

A young Cantonese medical graduate was recently asked to perform one of the simplest of laboratory tests on some twenty patients in a hospital ward. He reported that more than half were afflcted with a grave and incurable malady. Investigation proved that the young man was quite ignorant of the test and when questioned on the matter he replied that in his four years medical course he had not once performed the test himself, and had seen it done only one time.

A student in one of the leading medical schools of America in the first semester of the first year is scheduled to spend ten hours a week at lectures and twenty-three and a half hours a week in the laboratory. In the second semester there are but five hours a week for lectures and twenty-eight and a half hours for laboratory work.

In the second year ten hours are to be spent in lectures and sixteen and a half hours in the laboratory. The third year requires fifteen hours at lectures and twenty-nine hours attending clinics. In the fourth year only eleven hours are to be spent at lectures while thirty-five hours are scheduled for attendance at clinics, laboratory and practical demonstrations. Such an elaborate schedule of laboratory and clinical work requires a staff and equipment. It takes time but it is the modern method of teaching medicine. The practical part of the teaching, morever, should be especially favored by the foreigner if the Chinese language is the medium of instruction because if a strange language is to be used it is far easier to give a demonstration in the laboratory or clinic than to deliver a formal lecture on some technical matter.

3. The third factor in a medical school that governs the efficiency of the institution is the standard of admission. Enough has already been said to indicate what a complex and elaborate matter a course in medicine is. It will be quite evident that to enter upon such a course no little preliminary training is essential. Let us picture to ourselves an American lad of fourteen who decides that he will study to be a doctor. His ambition is to acquire skill and efficiency and not simply to secure a handle to his name.

At the age of fourteen he will be in high school. Already his knowledge is considerably more than that of the Cantonese boy who has finished a government middle school course, and his knowledge of general science, mathematics, foreign languages and his native tongue is considerably greater than than that of the average medical graduate in Canton of the past few years. Our boy of fourteen will study for two more years at the high school before his graduation. Then he will enter college. Here he must perfect himself in higher mathematics, German, French, physiology, physics and biology. After receiving his Bachelor of Arts degree he is ready to enter upon his medical course. For four years, eight months in the year and six to eight hours a day he attends laboratory, clinic and lecture and at the end of the four years receives the degree of M.D. But this is not the end. He cannot practise till he has passed a rigid examination given by the state and covering all the subjects taken during his medical course. Meanwhile he is taking competitive examinations for admission to some good hospital. If he proves himself capable and industrious he will receive an appointment as interne without salary for one or two years. This period spent in the hospital will be one of the happiest of the doctor's life, for every hour of the day and sometimes of the night too will be occupied in the practice of his chosen profession. Having finished his hospital interneship he is ready for his specialty. If he can afford it he spends a year in New York, London,

Paris, Vienna or Berlin and then returns to his native city to work in out patient dispensaries and build up his own practice.

I have tried to picture what a medical course really means. Shall we expect the Chinese student, with an education inferior to that of our boy of fourteen to enter the medical school and after four years of lectures start to practise among the ignorant people of his native village. Such men will inevitably do harm and will retard the progress of scientific medicine. I am informed that many of this type of medical graduate are at the present time simply acting as distributors of the patent medicines which are invading the remotest districts of China.

In this connection Dr. Robert Beebe of the Union Medical School at Nanking writes: "The aim of the medical school should be to prepare fully equipped men for work both in the mission field and for the government and private practice. I do not believe in sending out a great number of partly equipped men."

Dr. Hume of the Changsha Yale Hospital writes: "If possible a medical school should be started only where it can have university affiliation. Then the heads of the university should be men who would help to uphold the standard required by a first rate medical school. There should be non-medical university men on the school board. The aim of the missionary medical school is first and foremost and always to turn out good doctors. This lowering of aim in order to have as many men as possible for outlying stations is a pernicious doctrine that soundly trained men ought to oppose with all their might. Of course good men particularly if they are Christians will stay in mission work if the mission have the grace to pay them what their training has made them worth."

Dr. Wu Lien Teh in the memorandum on medical education referred to above states: "Our graduates owing to insufficient training at home, are not recognized by the

universities of other lands, and many instances have occurred where men possessing medical qualifications of Government institutions in China and desirous of obtaining another degree from a western university, are obliged to undergo the ordinary student's course of five years before such a degree is conferred upon them. In other words the training a man receives as a medical student in China counts for nothing in a western country. Even in our own country our graduates enjoy a lower social standing, and also fewer privileges than medical men of other countries in the matter of Government appointments, such as health officers, customs and railways surgeons, etc. To remedy these we must place our medical education on the same footing as that of progressive nations."

Finally let us consider the fundamental reasons that led the various mission boards to send medical missionaries to China. Was it that a few doctors should spend their lives in treating the sick, only to be replaced by other doctors sent out by the mission boards? This surely would not be economy or foresight. From my own experiences I know that our friends at home are expecting us to train men and women to take our places in the shortest possible time. The question then arises what kind of physicians can take our places? Are the Chinese deserving of as much as the Westerner? Should their medical standards be as high as ours? I am inclined to think sometimes that some of us would answer these questions in the negative. But suppose that the Chinese are worthy of the same ideals in medicine as the foreigner, should we be satisfied to permit doctors less competent than ourselves to continue the work that we have started? Shall we dare to say that a mediocre or garbled form of Christianity is good enough for the Chinese people! Our religion will be judged by our educational and medical work. If these fall below the standard of Europe and America the Chinese will be very quick to argue that our religion is likewise inferior, judging us by our fruits.

I can think of no greater pattern for us to follow than that of the Great Physician himself. His time on earth

was short. Our time in China will also be short, probably not more than thirty or forty more years. What was Christ's method of inaugurating the new religion that He came to establish? Though he healed many and preached to many he concentrated all His teaching upon twelve well chosen men. They were with Him constantly so that they fully grasped the full purport of His message and eleven remained to deliver it to the world. So well had they been trained that the gospel of Christ now circles the globe. Can we do better than this? Let us then as missionaries of Christ to China devote all our efforts as teachers of medicine to a few chosen men. Teach them first to be Christian gentlemen and secondly to be thorough doctors who may be relied upon to introduce the blessings of modern scientific medicine to South China.

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